

Falmouth Fire-EMS Department

Application for Employment



This Agency is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, gender identity, religion, national origin, ancestry, veteran status, sexual orientation, physical or mental disability or genetic information. **Applicant must be at least 16 years of age.**

Personal

Last Name		First Name		Full Middle Name	
Address					
City, State, Zip			Email Address		
Home Phone #		Work Phone #		Cell #	
Driver's License #		State		Expiration Date	
				Class	
Applying For: <input type="checkbox"/> Fulltime Firefighter / EMT <input type="checkbox"/> Per Diem Firefighter / EMT <input type="checkbox"/> On-Call Firefighter <input type="checkbox"/> On-Call EMT					
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends					
Have you ever been employed by Falmouth Fire-EMS before? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, list date(s), job title(s), location(s) & reason for leaving	
Do you have any relatives employed Falmouth Fire-EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, list name(s), job title(s) & location(s)	
If you are under 18, are you at least 16? <input type="checkbox"/> Yes <input type="checkbox"/> No					

****If a High School student, please attach a copy of your High School transcript.**

Education

Circle Highest Grade Completed: High School 9 10 11 12			
College, Trade or Business 1 2 3 4			
Graduate Studies BA/BS Master's Doctoral Other: please explain			
School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

Employment History

List all employments for the past 3 employers, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title		Reason for Leaving
Duties & Responsibilities		
Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title		Reason for Leaving
Duties & Responsibilities		
Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title		Reason for Leaving
Duties & Responsibilities		

Emergency Services Experience

Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where?	
Please list any formal training or certifications:			
Firefighting Certifications: ___ Firefighter I ___ Firefighter II ___ Fire Officer I ___ Fire Officer II ___ Fire Instructor I ___ Fire Instructor II			
EMS License Level: ___ First Responder ___ EMT-Basic ___ Advanced-EMT ___ Paramedic		EMS License #:	EMS Exp. Date:
		Driving certs: ___ AVOC ___ EVOC	
CPR card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:		Are you able to regularly attend trainings (Monday nights)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Service

Branch of Service	From	To
Present Military Affiliation	<input type="checkbox"/> None	<input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive)
Type of training (MOS) when in Service		

References

Please list the name of three character references. These should not be relatives.

Name	Phone #	Relationship	Title
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Physical Exam

Each person who is offered a position with the Falmouth Fire-EMS Department is required to have a physical examination to ensure that they meet the qualifications for employment. This requirement may be waived if a physical examination has been completed within 6 months and a copy is forwarded to the Chief.

The Fire-EMS Department will pay the cost of the physical exam when given by the Town's Occupational Health provider.

General

- Have you ever been disciplined, discharged or asked to resign from a prior position?
___ Yes ___ No (If yes, explain the circumstances on a separate sheet and attach to this application.)
- Have you ever resigned from a prior position after a complaint has been received against you, or your conduct was under investigation or review?
___ Yes ___ No
- Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily, or permanently, a professional license or certificate in any state?
___ Yes ___ No
- Have you ever a) been convicted of a crime, other than a minor traffic offense; or b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense?
___ Yes ___ No
- Have you ever been charged with a traffic offense or pleaded guilty or "no contest" (nolo contender) to a traffic offense?
___ Yes ___ No
- If you have answered yes to any of the previous questions, please explain in detail. If you are detailing a legal proceeding, include the date of the court action, the offense in question, and the address of the court involved: _____

Note: Conviction of a crime is not an automatic bar to employment.

Certification & Authorization

I certify that all of the information that I provide on this application and in any interviews will be true and accurate. I understand that any falsification of information or misleading or omitted information shall be fully sufficient grounds to refuse to employ me, or having been employed, shall be immediate grounds for dismissal.

My signature below constitutes authorization to check my employment and education history, including without limitation, criminal/driving records, references and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Department contacts in connection with my employment application to fully provide the Department any information on the matters set forth without limitation, and I specifically waive any claims for defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the department, its agents or officials, or against any provider of such information.

In consideration of my employment at the Department, should I be selected, I agree to conform to the rules and regulations of the Department. I understand that I am an "employee at will" and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the Department or myself. I understand that no employee or representative of the Department has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Any such modification or agreement to the contrary must be in writing and signed by an authorized representative of the Town and Department.

I have read this application form carefully and understand the meaning of its provisions and agree to abide by them.

Printed Name

Signature

Date

Date of Birth

Parental Permission

If the applicant is under eighteen (18) years of age, parental permission must be given on this form.

To the Chief of the Falmouth Fire-EMS Department:

I _____, am the parent/guardian of _____ who is applying for employment at Falmouth Fire-EMS Department. I am fully aware that there are several dangers involved in Firefighting and/or EMS activities (including but not limited to: burns, exposure to smoke and chemicals, exposure to communicable diseases, and other traumatic injury). **I understand that a parent must accompany their child to the interview.** I grant permission for my child to join the Department if he/she is accepted.

Signature of Parent/Guardian

Date ____ / ____ / ____

Printed Name of Parent/Guardian